U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



Name DONALD

3. Name and address of person filing.

GEPHART

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

Name NATIONAL POSTAL MAILHANDLERS UNION LOCAL 304

4. Name, file number, and address of labor organization.

			Labor Organization File Number 504-847					
P.O. Bo	ox, Bldg., Room No., if any		P.O. E	Box, Building and Roo	om Number, if any			
Street	2045 FAYETTEVILLE ROAD			Street 6509 MONTGOMERY RD				
City	BLANCHESTER		City	City CINCINNATI				
State	Ohio	ZIP Code + 4 45107	State	Ohio		ZIP Code + 4	45213-1513	
Positio	on in labor organization.	JRER						
Ente	er appropriate data below If, during	the past fiscal year, you or your s (except as specified in the ex	pouse or mir clusions set	or child directly or in- forth in the instruction	directly had any o	f the following in	nterests	
. Held	an interest in, engaged in trans ry value from an employer wh	actions (including loans) with, ose employees your organiz	or derived in ation repre	ncome or other ecor sents or is actively	nomic benefit of seeking to repre	esent.		
. Name and address of Employer (including trade name, if any).				7.a. Nature of Interest, Transaction, or Income.				
Name								
Trade I	Name, if any:							
P.O. B	ox, Bldg., Room No., if any		3 L					
			7.b. Am	ount.				
Street								
City								
State		ZIP Code + 4						
		s	ignature					
subm	ignature and verification. The un- itted in this report (including the info rsigned's knowledge and belief, true	rmation contained in any accomp	anying docum	nents), has been exan	nined by the signa	that all of the in story and is, to the	formation ne best of the	
Sign	ed & Anald W	Deplant	On	6/6/05	Noncolo Contractor	51-55		
	1	/	Was In	Date		Telephone Numb	per	

14.b. Amount of payment.

ZIP Code + 4

or Consultant

Form LM-30 (2003)

13.b. Is the Business an Employer

Street

City

State

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Busine	ess (including trade name, if any).	9. Business deals with: a. Labor Organization b. Trust				
Name NATIONAL CITY BA Trade Name, if any: P.O. Box, Bldg., Room No., if an	NK (formerly PROVIDENT BANK)					
Street 1900 EAST NINTH	STREET	c. Employer				
City CLEVELAND						
State Ohio	ZIP Code + 4 44144 - 3484					
10. If 9.b. or 9.c. is checked give to	rust or employer's name.	11.a. Nature of such dealing.				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if an Street City State	ZIP Code + 4	TWO TICKETS TO A HUEY LEWIS CONCERT 11.b. Approximate dollar value of such dealing.	\$60			
Tours of the second of the sec		12.a. Nature of interest held or income received.				
		12.b. Amount.				